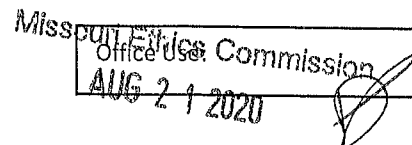




Missouri Ethics Commission (MEC)
PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov



Statement of Committee Organization

1. Statement Information

Date: 8-18-2020

Type: ☐ New ☒ Amended (If amending, enter MEC ID C000896 & section changed 2,3)

2. Committee Information

Name of Committee: THE 12TH WARD REGULAR DEMOCRATIC ORGANIZATION

Committee Mailing Address, City, State, & Zip: 4127 UPTON CT, ST. LOUIS, MO 63116

Telephone Number: (314) 353-8670

Official Committee Chair: _____

ST. LOUIS CITY BOARD OF ELECTIONS

County Clerk, Board of Election Commissioners, or Federal PAC/Out of State Committee

Committee Type: ☐ Campaign ☐ Candidate ☒ Continuing (PAC) ☐ Debt Service ☐ Exploratory ☐ Political Party

3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last): GREGORY F.X. DALY

Treasurer's Mailing Address, City, State, & Zip: 4127 UPTON CT, ST. LOUIS, MO 63116

Treasurer's Email Address (optional): _____

Treasurer's Home Telephone Number: (314) 353-8670

Treasurer's Work Telephone Number: (314) 799-0890

Deputy Treasurer's Name (if one appointed): _____

Deputy Treasurer's Email Address (optional): _____

Deputy Treasurer's Mailing Address, City, State, & Zip: _____

Dep. Treasurer's Home Telephone Number: ()

Dep. Treasurer's Work Telephone Number: ()

4. Additional Committee Information

Additional Committee Officer's Name & Title (if any): _____

Additional Committee Officer's Mailing Address, City, State, & Zip: _____

Connected Organization's Name (if any): _____

Connected Organization's Mailing Address, City, State, & Zip: _____

CANDIDATES: Do you have more than one candidate committee? ☐ Yes (refer to instructions on back) ☐ No

5. Official Bank Account Information (required by all committees)

Name & Mailing Address, City, State, & Zip of Financial Institution: _____

Account Name: _____

Account Number: _____

6. Candidate Supported or Opposed (candidate committees must include self, if candidate)

Name & Mailing Address, City, State & Zip of Candidate: _____

Telephone Number (Candidate Committees Only): ()

Election Date: _____

Office Sought & Political Subdivision: _____

Political Party: _____

Support or Oppose: _____

7. Ballot Measure Supported or Opposed (campaign committees must complete this section)

Name of Ballot Measure: _____

Election Date & Political Subdivision: _____

Support or Oppose: _____

8. Signature(s) Check certification(s) & sign (required by all committees)

☒ I affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accurate. I further acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575 RSMo.

Committee Treasurer: Gregory F.X. Daly

Candidate (Candidate Committees Only): _____